| OIP     | Practitioner's Docket   | No. 49121 (47927)  | PATENT  |  |  |  |
|---------|---|--|---|--|--|--|
| JAN 022 | 4. (  | HE UNITED STATES P.  | PATENT AND TRADEMARK OFFICE   |  |  |  |
| TRADE   | ART LICANT:   | S. Lyngstadaas et al.  |   |  |  |  |
| DADE    | SERIAL NO.:   | 09/521,907   | GROUP: 1644   |  |  |  |
|         | FILED:  | March 9, 2000  | EXAMINER: D. Saunders   |  |  |  |
|         | FOR:  | MATRIX PROTEIN CO  | OMPOSITIONS FOR GRAFTING $R_{EC}$   |  |  |  |
|         | Mail Stop: AF Commissioner for Pate P.O. Box 1450 Alexandria, VA 2231 |  | TECH CENTER 10  RESPONSE UNDER 37 CFR §1.116 EXPEDITED PROCEDURE EXAMING GROUP 1644 |  |  |  |
|         | AMENDME   | NT OR RESPONSE AF  | TER FINAL REJECTION - TRANSMITTAL   |  |  |  |
|         | 1. Transmitted herewith is an amendment for this application.         |  |   |  |  |  |
|         |   | \$   | STATUS  |  |  |  |
|         | 2. Applicant is  [ ] a small  [X] other the                           | entity.<br>nan a small entity.   |   |  |  |  |
|         | 1   | CERTIFICATE OF MAILIN  | NG/TRANSMISSION (37 C.F.R. 1.8(a))  |  |  |  |
|         | I hereby certify that, on the d                                       | ate shown below, this correspo   | ondence is being:   |  |  |  |
|         | MAI   | LING   | FACSIMILE   |  |  |  |
|         | with sufficient post<br>envelope addressed                            | United States Postal Service<br>age as First Class Mail in an<br>to the Commissioner for<br>450, Alexandria, VA 22313- | [ ] transmitted by facsimile to the Patent and Trademark Office.  Lee Durkle        |  |  |  |

Signature

Lee Dunkle

(type or print name of person certifying)

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Date: \_\_\_12/30/03

## **EXTENSION OF TERM**

| NOTE:    | NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additing after expiration of the shortened statutory period. |   |   |  |  |  |  |
|----------|---|---|---|--|--|--|--|
|          | of a No<br>unless   | tice of Appeal or filing the timely-filed respo   | a filed after a Final Office Action, an extension of ting<br>and/or entry of an additional amendment after ex<br>nse placed the application in condition for allowar<br>ed statutory period, the period has ceased to run." | piration of the shortened statutory period<br>nce. Of course, if a Notice of Appeal ha |  |  |  |
| NOTE:    |   | See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time treexamination proceedings. |   |  |  |  |  |
| 3.       | The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 app   |   |   |  |  |  |  |
|          |   |   | (complete (a) or (b), as applicable)  |  |  |  |  |
|          | (a)   |   | ant petitions for an extension of time under 37 C.F.R. 1.17(a)(1)-(4)) for the total numb   |  |  |  |  |
|          |   | Extension   | Fee for other than  | Fee for  |  |  |  |
|          |   | (months)  | small entity  | small entity   |  |  |  |
|          | []  | one month   | \$110.00  | \$55.00  |  |  |  |
|          | []  | two months  | \$420.00  | \$210.00   |  |  |  |
|          | []  | three months  | \$950.00  | \$475.00   |  |  |  |
|          | [ ]   | four months   | \$1,480.00  | \$740.00   |  |  |  |
|          | [ ]   | five months   | \$2,010.00  | \$1,005.00   |  |  |  |
|          |   |   | Fee: \$   |  |  |  |  |
| If an ad | lditiona  | l extension of tim  | e is required, please consider this a petition  | therefor.  |  |  |  |
|          |   | (c  | heck and complete the next item, if applica   | ble)   |  |  |  |
|          | []  |   | or months has already been secured is deducted from the total fee due for the   |  |  |  |  |
|          |   | Extens  | ion fee due with this request \$  |  |  |  |  |
|          |   |   | OR  |  |  |  |  |
|          | (b)   | petition  | ant believes that no extension of term is rea<br>is being made to provide for the possibilitied<br>sked the need for a petition for extension of  | ty that applicant has inadvertently  |  |  |  |

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## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|  | (Col.1  | `  | (Cal. '                          | 0) (Cal. 2) SN                     | TATT ENT                   | rimv.   |                             |                     | THAN A             |            |
|--|---|--|----------------------------------|------------------------------------|----------------------------|---|-----------------------------|---------------------|--------------------|------------|
|  |   | <i>1</i> aims                                  | (COI. 2                          | 2) (Col. 3) SM                     | IALL EN                    | III X   |                             | ALL                 | ENTITY             |            |
|  |   | ainis<br>aining                                |                                  | Uighost No                         |                            |   |                             |                     |                    |            |
|  |   | anning<br>fter                                 |                                  | Highest No. Previously             | Present                    |   | A:LEA                       |                     |                    | A 1.1%     |
|  |   | ndment   |                                  | Paid For                           | Extra                      | Rate  | Addit.                      | ΩD                  | Data               | Addit.     |
| Total  | Ailci   |  | nus                              | **                                 | =                          |   | Fee                         | OR                  | Rate               | Fee        |
| Indep.   |   |  | nus                              | ***                                |                            | x \$9 =   | \$0                         |                     | x \$18 =           | \$         |
|  | ret Droce   |  |                                  | ple Depender                       |                            | x \$42 =  | \$0                         |                     | x \$84 =           | \$0        |
|  | 151 1 1050  |  | iviuiti                          | pie Depender                       | it Ciaiin                  | + \$140 =   | <b>\$</b> 0                 |                     | + \$280 =          | \$ 0       |
|  |   |  |                                  |                                    |                            | Total   |                             | OR                  | Total              |            |
|  |   |  |                                  |                                    |                            | Addit. Fee  | \$                          |                     | Addit. Fee         | \$         |
| *  | If the "I<br>If the "I<br>The "Hi   | lighest No. 1<br>lighest No. 1<br>ghest No. Pi | Previou:<br>Previou:<br>reviousl | sly Paid For" IN                   | THIS SPACE                 | CE is less than 20<br>CE is less than 3,<br>) is the highest no | enter "3".                  |                     | appropriate box    | in Col. I  |
| WARNI  | NG:   | "After find<br>requireme                       | al reject<br>ent of for          | ion or action (§<br>m which has be | 1.113) amer<br>en made." 3 | ndments may be i<br>7 C.F.R. 1.116(d                            | made cancel<br>1) (emphasis | ling clai<br>added) | ims or complying   | g with any |
|  |   |  |                                  | (complet                           | e (c) or (d                | ), as applicab  | ole)                        |                     |                    |            |
|  | (c)   | [X]  | No ado                           | ditional fee fo                    | r claims is                |   |                             |                     |                    |            |
|  | (d)   | []   | Total a                          | dditional fee                      |                            | s required \$ _   |                             |                     |                    |            |
|  |   |  |                                  | ]                                  | FEE PAY                    | MENT  |                             |                     |                    |            |
| 5.   | [ ] Attached is a check in the sum of \$  [ ] Charge Account No the sum of \$  A duplicate of this transmittal is attached. |  |                                  |                                    |                            |   |                             |                     |                    |            |
|  |   |  |                                  | Fl                                 | EE DEFI                    | CIENCY  |                             |                     |                    |            |
| NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33). |   |  |                                  |                                    |                            |   |                             |                     |                    |            |
| 5.   | [X]   | If any ad                                      | ditiona                          | al extension an                    | d/or fee is                | s required, cha   | arge Acco                   | unt No              | o. <u>04-110</u> 5 | 5          |

(Amendment Transmittal—page 3 of 4)

## AND/OR

| [A] If ally additional lee for | ciams is required, charge Account No                    |
|--------------------------------|---|
|                                | Chine C. h  |
|                                | SIGNATURE OF PRACTITIONER                               |
| Reg. No. 38,256                | Christine C. O'Day (type or print name of practitioner) |
| Tel. No. (617) 439-4444        | EDWARDS & ANGELL, LLP<br>P.O. Box 9169                  |
|                                | P.O. Address  |
| Customer No. 21874             | Roston Massachusetts 02200                              |